

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**MR. KEITH A. BENNETT**

Mailing Address P.O. BOX 745

City	State	Zip Code
BOAZ	AL	35957-0745

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KALICO BUILDERS INC.

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.891630**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**B. Full Name (Last, First, Middle Initial)**

**MR. KEN BENNETT**

Mailing Address 20868 N CARMEN AVE

City	State	Zip Code
MARICOPA	AZ	85139-6700

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SDC CONTRACTING

Occupation  
DIRECTOR OF PUBLIC RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.882012**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**C. Full Name (Last, First, Middle Initial)**

**MR. KYLE BENNETT**

Mailing Address 111 SMITH LANE

City	State	Zip Code
BOAZ	AL	35956-2651

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.891629**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....

1250.00

**Total This Period (last page this line number only)**.....